

# Review of compliance

## The Society of Friends

### Woodlands Quaker Care Home

<b>Region:</b>	West Midlands
<b>Location address:</b>	434 Penn Road Wolverhampton Wv4 4DH
<b>Type of service:</b>	Care Home without nursing
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	<p>The Woodlands Quaker care home is an adult social care home providing accommodation for a total of 44 people.</p> <p>It has a dedicated dementia care unit that can provide accommodation for nine people.</p>

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that The Woodlands was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review and what we found.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 June 2011, observed how people were being cared for, talked with people who use services, talked with staff, and looked at records of people who use services.

### What people told us

People using the service told us that they were very satisfied with the care that was provided. They said the staff were patient and helpful and that they enjoyed the food.

Some comments included –

“The staff look after me very well. I couldn’t be in a better place”.

“I am alright I have no complaints I am satisfied with my lot”.

Some people were unable to make comment but they appeared comfortable and content in their surroundings.

## **What we found about the standards we reviewed and how well The Woodlands was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People using the service can be assured that due to comprehensive and person centred planning, staff have the information needed to provide a service in a consistent and reliable way.

- Overall, we found that The Woodlands was meeting this essential standard.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

People using the service can be assured that staff are trained and competent in the awareness of potential abuse situations.

- Overall, we found that The Woodlands was meeting this essential standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People using the service can be assured that the service has ways of monitoring and improving the service.

- Overall, we found that The Woodlands was meeting this essential standard.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
The people we spoke with at The Woodlands were generally positive about the care they receive. One person told us that “They [the staff] look after me very well, I like them all, they are very patient and helpful”.

Some people living at The Woodlands have dementia or are very frail; they were unable to tell us about how they find the service. We observed people looking very comfortable and relaxed in their surroundings. A relative of one person was very complimentary about the staff, environment and food. They went on to say “The service supports my father very well and this arrangement seems to be working well”.

**Other evidence**  
Before we visited the service we asked the manager to complete a self assessment form. This gives us information of the actions the service takes to provide the care and look after the welfare of people who use the service.

The manager recorded in the assessment form –  
‘At Woodlands we practice Quaker ethos where each individual person and the contribution they make is respected and valued. The overall aim is to provide a welcoming safe and caring environment for everyone who lives and works in the

Woodlands.

Care plans are based on individual need and are always person centred, all care plans are developed with information gained from the person themselves and significant others. We also consult and record information from a range of health care professionals.

Our care plans also take into account the wishes, preferences and choices of the person'.

We selected four care plans to look at to check the information the manager had given us. We also wanted to see if the information recorded about a persons care needs was consistent with the care being provided.

We saw that the care plans and documentation although based on similar topic areas were all very pertinent and individual to the person using the service. The information was very clear and instructive, any new staff could obtain an overview of the person and their individual care needs by reading this information.

For example one person experiences periods of anxiety and distress, information recorded in the support plan gave staff the details and instructions of how to help this person during these periods. We observed staff being very patient and understanding when supporting this person.

Staff explained and discussed with us the care needs of people living at the home and the way they support people each day. The care documentation that we looked at supported what the staff told us.

Care staff told us that the support plans and documentation were regularly reviewed with any changes in a persons care needs being recorded.

We saw that some records used for the daily monitoring of fluids were not fully completed. We spoke with the management about this who offered an assurance that amendments would be made to ensure that if such forms are used they are completed fully.

We received a written response from the provider following our visit which included 'In house training has now been provided to ensure that fluid charts are completed fully'.

During the time of our visit we saw people participating in a variety of social and recreational activity. In the morning a group of people were enjoying singing along to well known songs. During the afternoon a music appreciation group was arranged for people to enjoy. Staff told us of the very varied programme of events that are available each week.

People told us that they participate in the religious services that are arranged frequently. The manager stated that observance for many religious denominations is provided in addition to the Quaker meetings.

Some people in the dementia care unit were enjoying 1:1 support with a carer. The activities available to people are very much based on what people prefer to do at any given time. Care staff told us this flexible approach is important when supporting people with dementia.

**Our judgement**

People using the service can be assured that due to comprehensive and person centred planning, staff have the information needed to provide a service in a consistent and reliable way.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
We did not speak directly to people living at The Woodlands regarding the safeguarding procedures. However, some people told us that they would speak with the manager or their support worker if they had any concerns or complaints with the service.  
One person commented, "I am alright I have no complaints I am satisfied with my lot".

**Other evidence**  
The manager completed the self assessment form and included -  
'We believe people moving into residential care should enjoy as many rights, and control as much of their lives, as possible. We consider the only restrictions on this are the legal ones necessary to safeguard the level of care the resident needs, or those necessary to promote the good health and safety of our community'.  
Staff told us that they had received training in abuse awareness and protecting

people from abuse. They were able to describe the different aspects of what constitutes abuse and the actions they would take if they had any suspicions or concerns.

Care staff told us they would report the concerns to the management. The deputy manager confirming that the safeguarding policy is readily available for reference and includes the contact details of the local authority and police.

The manager explained the recent involvement with the local safe guarding team when a potential risk of harm was identified. The manager was closely involved with the investigation and a successful conclusion was reached.

The deputy manager told us of the recent Deprivation of Liberty safeguards referral regarding a person wanting to leave the safety of the service. The referral was not granted. It was deemed that the service was acting correctly as it was already operating in the least restrictive way to support this person with their personal safety.

### **Our judgement**

People using the service can be assured that staff are trained and competent in the awareness of potential abuse situations.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
We did not speak to people using the service at length about the monitoring of the service. Some people told us that they go to the regular meetings that are held each month. Some people told us that they didn't.

**Other evidence**  
The manager completed the self assessment form prior to our visiting the service. It included the following information -  
'The ethos of the Home is based upon Quaker values where each individual person and the contribution they make is respected and valued. The overall aim is to provide a welcoming safe and caring home for everyone who lives and works in the Woodlands'.  
It continues to inform us of the different ways that it monitors the service -  
'Monthly management meetings which are minuted review all information gathered and identify any on-going action required. Staff meetings which are minuted show how information from management meetings is disseminated to staff. Annual Management review covers a full review of all issues over a 12 month period and

highlights recommendations for the future. Quarterly Management Reports are presented at Trustees management Committee'.

We spoke with senior staff who told us that they work very closely with the manager they feel able to discuss issues openly and the views, suggestions and opinions are taken into account.

Care staff confirmed that monthly meetings are held where they are able to discuss any issues. They told us that they feel the management listen to them.

The manager and deputy manager told us of the many audits and checks that are made to ensure the service operates in the way that it states it does. The documents that we looked at had all been reviewed and were up to date.

**Our judgement**

People using the service can be assured that the service has ways of monitoring and improving the service.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These

enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA